



# LAKE COUNTY SHERIFF'S OFFICE

**DONALD R. BELL**  
**SHERIFF/CORONER**

**JAMES R. ATKINS**  
**UNDERSHERIFF**

106 Fourth Avenue East, Polson, Montana 59860 Phone: 406-883-7301 Fax: 406-883-7305

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## NOTICE TO ALL PROSPECTIVE APPLICANTS TO THE LAKE COUNTY SHERIFF'S OFFICE

Thank you for your interest in becoming an employee of the Lake County Sheriff's Office. Our application process is detailed and time consuming both for the applicant and the Lake County Sheriff's Office. This process involves several phases, and is designed to meet the requirements of State and Federal laws, Lake County Sheriff's Office hiring policies, and particular requirements of the Lake County Sheriff's Office.

***Please read this notice carefully. It describes our application and hiring process and includes a very detailed list of all the material that we must receive from you in order to consider you a valid applicant.***

We provide application requirements and materials to facilitate the applicant's packet preparation only. Completion of the forms and compilation of the documents you must submit require great attention to detail. Refer to the **Document Checklist** to ensure you have gathered and submitted all required documents and supplemental information in order for your application packet to be complete and valid.

**Original signatures are required on all forms. Photocopied and/or faxed signatures are not acceptable.**

Peace officers in the State of Montana must meet the following minimum qualifications under Title 7-32-303 Montana Code Annotated:

1. Be a citizen of the United States;
2. Be at least 18 years of age;
3. Be fingerprinted and search made of the local, state and national fingerprint files to disclose any criminal record;
4. Not have been convicted of a crime for which the person could have been imprisoned in a federal or state penitentiary;
5. Be of good moral character, as determined through a background investigation;
6. Be a high school graduate or have passed the general education development (GED) test and have been issued an equivalency certificate by the superintendent of public instruction or by an appropriate issuing agency of another state or the federal government;
7. Successfully complete an oral examination conducted by the appointed authority or its designated representative to demonstrate the possession of communication skills, temperament, motivation, and other characteristics necessary to the accomplishment of the duties and functions of a dispatcher;



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In addition to the minimum qualifications established by Montana law, the Lake County Sheriff's Office has also established a variety of qualifications that the staff of the office has determined to be important factors in selecting our employees. In order to assist us in determining your qualifications to be an employee of the Lake County Sheriff's Office, we require the following documents. Please examine your packet closely. If it is incomplete, it will not be considered.

1. Cover Letter
2. Resume
3. Standard Application for Position of Peace Officer in the State of Montana signed by the applicant. Included with application packet.
4. Authorization to Release Information signed by the applicant and witnessed by a certified Notary Public. Included with application packet.
5. Certification of Penalty signed by the applicant and witnessed by a certified Notary Public. Included with application packet.
6. Letter of Understanding signed by the applicant and witnessed by a certified Notary Public. Included with application packet.
7. Standard Application. Included with application packet.
8. Two sets of fingerprints obtained by a law enforcement agency. Blank fingerprint cards included with application packet or available at LCSO Detention where the finger prints can be done.
9. Copy of the applicant's birth certificate. Provided by the applicant.
10. Copy of citizenship or registration papers, Provided by the applicant.
11. Photocopy of Social Security Card. Provided by the applicant.
12. Copy of High School Diploma or GED certificate. Provided by the applicant.
13. Any name change documentation, if applicable. Provided by the applicant.
14. Military discharge papers (DD Form 214 and completed SF180), if applicable. Provided by the applicant.
15. Photocopy of Selective Service Registration card, if applicable, Provided by the applicant.
16. Documentation of any other factors, which the applicant wishes to have considered.

**REMEMBER, YOU WILL NOT BE CONSIDERED AN APPLICANT, AND WE WILL TAKE NO FURTHER ACTION, UNTIL YOUR APPLICATION INCLUDES ALL OF THE DOCUMENTS NOTED ABOVE.**

Your complete application will be reviewed to determine if you meet the State of Montana and Lake County Sheriff's Office minimum qualifications. If you do, the Lake County Sheriff's Office will review your application when it needs to select those applicants who will be offered an interview.

**VETERAN'S PREFERENCE:** Among those interviewed, the score of the applicants who are veterans of the United States military service will be increased by the percentage required by Montana law at the time of the interview.

Following the interview cycle, the interview board will make recommendations to the Sheriff of who they designate to be eligible for employment with the Lake County Sheriff's Office.



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**PLACEMENT ON THE ELIGIBILITY LIST IS NEITHER AN OFFER OF EMPLOYMENT, NOR A PROMISE THAT YOU WILL BE OFFERED EMPLOYMENT IN THE FUTURE.**

A background investigation will be performed, in accordance with the procedures established by the Lake County Sheriff's office, on applicants that are eligible for employment. These procedures may differ from other law enforcement agencies, and we may also interpret the results differently. In general, we consider;

1. Previous/current employment record
2. Driving record
3. Criminal history, if any
4. Military history, if any
5. **Any and all indicators of maturity, stability, sound judgment and good moral character.**

**The most important thing to remember with regard to the background investigation is to be honest and complete in all of the information that you provide. Attempting to conceal or distort information, or failure to cooperate completely with the background investigation, will result in immediate disqualification from further consideration.**

The decision to extend an offer of employment is made by the Sheriff. That decision is made based upon the Sheriff's assessment of the qualifications and performance of each candidate as demonstrated during the entire application and screening process, and the Sheriff's judgment as to how each candidate may best meet the needs of the department.

Once more, thank you for your interest in becoming a member of our team. We take great pride in the professionalism of our employees, and in our ability to protect and serve the citizens of Lake County. Joining us in this endeavor is a complex and difficult task. So is being an employee of the Lake County Sheriff's Office.



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## **APPLICATION DOCUMENT CHECK LIST for DISPATCH**

<b>DOCUMENT</b>		<b>SPECIAL NOTES</b>
Cover Letter	Provided by Applicant	
Resume	Provided by Applicant	
Employment Application	Included in Packet	
Release Authorization	Included in Packet	
Certification and Penalty	Included in Packet	
Letter of Understanding	Included in Packet	
Standard Application	Included in Packet	
2 Fingerprint Cards	Included in Packet	Blank Cards are Provided
Birth Certificate	Provided by Applicant	Photo copy
Social Security Card	Provided by Applicant	Photo copy
Copy of Citizenship or registration papers	Provided by Applicant	Photo copy
GED Certificate or High School Diploma	Provided by Applicant	Photo copy
Name Change Documentation	Provided by Applicant	If Applicable
Military Discharge (DD 214)	Provided by Applicant	If Applicable
Selective Service Registration	Provided by Applicant	If Applicable
Any other Documents	Provided by Applicant	

**If application is submitted with any of the above not present, the application will be considered incomplete.**



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## **AUTHORIZATION TO RELEASE INFORMATION**

Applicant Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Thank you for applying for a position with the Lake County Sheriff's Office. As part of the application review process, Lake County and its agents accomplish the following:

1. Contact references that you have listed on the reference page; including current and previous employers
2. Complete a computerized criminal background check
3. Complete a fingerprint based criminal history check

The following information is required in order to complete the computerized and fingerprint based criminal history checks:

1. List any alias names used (maiden names, etc)

\_\_\_\_\_

I consent and authorize the Lake County Sheriff's Office, and its agents and employee, to contact references I have listed on my application, and conduct a computerized criminal history check and conduct a fingerprint based criminal history check.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Printed or Typed Notary Name

Notary Public for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

My Commission Expires \_\_\_\_\_

SEAL



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## **CHARACTER REFERENCES**

The following references are not current or previous employers, nor are they family members. These references have known me for at least five years and are able to comment on my character (Three references are required, but you may list more if you so choose):

NAME

ADDRESS

PHONE #

1. \_\_\_\_\_

The above reference knows me through; \_\_\_\_\_

2. \_\_\_\_\_

The above reference knows me through; \_\_\_\_\_

3. \_\_\_\_\_

The above reference knows me through; \_\_\_\_\_

4. \_\_\_\_\_

The above reference knows me through; \_\_\_\_\_

5. \_\_\_\_\_

The above reference knows me through; \_\_\_\_\_





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## **LETTER OF UNDERSTANDING**

I am applying for a position with the Lake County Sheriff's Office. I understand that there are certain requirements I must meet before I can be accepted into this position. I also understand that I must submit to, and cooperate fully with, an extensive background investigation, which consists of, but is not necessarily limited to, the following areas of concern:

1. Thorough criminal history check and driver's license record check
2. Thorough examination of my prior employment
3. Examination of my personal credit/financial report
4. Thorough investigation of all those elements deemed necessary by the Lake County Sheriff's Office to determine whether I meet the standards of high moral character required for Lake County Sheriff's Office personnel

I understand that the background investigation will be conducted in accordance with procedures established by the Lake County Sheriff's Office. The Lake County Sheriff's Office will select applicants who meet the Department's minimum selection criteria. If I am not selected to be interviewed, I will not be investigated further.

I understand that if I am interviewed by an interview board, this is neither an offer of employment, nor a guarantee that any such offer is forthcoming. However, if I am designated as a candidate for the position, a more extensive background investigation will be conducted.

The Sheriff is responsible for all decisions regarding which applicants, if any, will receive an offer of employment. Those determinations are based upon the Sheriff's assessment of the needs of the Lake County Sheriff's Office, and the totality of my qualifications as those qualifications are reflected in all phases of the application process.

I acknowledge and accept that if an offer of employment as a Deputy Sheriff is extended to me, the following conditions apply:

1. I must pass a physical examination conducted by a physician selected and paid for by the applicant within the past 6 months.
2. I must pass a psychological examination conducted by a licensed professional selected and paid for by the Lake County Sheriff's Office.
3. I must pass a drug screen conducted at the time of the physical examination at the expense of the applicant.

4. I must again complete the Montana Physical Agility Test immediately prior to employment to ensure that I can meet the admission standards of the Montana Law Enforcement Academy Basic School.
5. I must successfully complete the Montana Law Enforcement Academy Basic school within one year of employment, unless my failure to do so is the result of scheduling problems beyond my control, or:
  - A. I currently possess a Montana Police Officer Standards and Training Council Basic Certificate, or,
  - B. I possess a current Police Officer Standards and Training Council Basic Certificate from another state. However, in this instance I must successfully complete the Montana Law Enforcement Academy's Legal Equivalency test within twelve months of my employment by the Lake County Sheriff's Office.
6. I must resolve any other issues that may arise as a result of the physical and psychological examinations, drug screen, and physical agility test, as well as any other issues that are properly raised by the Lake County Sheriff's Office, Lake County, or me at the time of the employment offer.

All of the aforementioned tests and examinations will be administered in a manner selected by the Lake County Sheriff's Office. I understand that the test results are the property of the Lake County Sheriff's Office, and these results are not available to me unless, in the opinion of the professional conducting the tests, they reveal a health condition that is important to my well-being.

**I understand that all documents, interviews, reports and any other information regarding all phases of the background investigation and selection process are treated as confidential information by the Lake County Sheriff's Office. As such, they will not be shared with anyone not directly involved in the hiring process. The Lake County Sheriff's Office will not share the information with me except in response to a court order.**

I understand that my failure to cooperate fully in a facets of the background investigation will result in my immediate disqualification from further consideration for the position with the Lake County Sheriff's Office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Typed or Printed Notary Name

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**SEAL**





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## **CERTIFICATION OF PENALTY**

I hereby declare that all statements and information provided by me to the Lake County Sheriff's Office during all phases of my pre-employment background investigation, and in all other pre-employment screening processes are true and complete to the best of my knowledge and belief. I understand that any misstatements of material fact, willful omission of material fact or willful deception will be cause for disqualification and rejection without appeal as a candidate for employment for any position within the Lake County Sheriff's Office. I fully understand that any misstatements, omissions or deceptions made by me that may be discovered after such time as I may be employed by the Lake County Sheriff's Office are grounds for disciplinary action, up to and including termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Typed or Printed Notary Name

Notary Public for the State of \_\_\_\_\_

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## **EMPLOYMENT APPLICATION**

Cover Letter

**Position you are applying for**  
**(Please check one)**

☐ Deputy Sheriff    ☐ Reserve Deputy Sheriff    ☐ Detention Officer    ☐ Communications Officer

Thank you for your interest in joining one of the most diversified agencies in the United States. Lake County Montana has a vast array of attractions that bring tourists to our county every year. Lake County has over 1600 square miles of land and 159 square miles of inland water area, with an approximate population of 27,000.

These core values guide day-to-day actions and decision making in the Lake County Sheriff's Office

Ethical  
Professional  
Service-Oriented  
Fiscally Responsible  
Organized  
Communicative  
Collaborative  
Progressive

The mission of the Lake County Sheriff's Office is to enhance the quality of life in our county by working in partnership with the community we serve. We strive to promote safety, enforce the laws, and safeguard the constitutional rights of all people.

# STANDARD APPLICATION FOR POSITION OF PEACE OFFICER IN THE STATE OF MONTANA

*The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any application for employment in violation of state or federal law.*

## **INSTRUCTIONS:**

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 12 of this form may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

**LATE, INCOMPLETE, or UNSIGNED applications will NOT be considered.**

This agency is committed to make reasonable accommodation to any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider any such accommodation, please notify us at the time of need.

THE VETERANS' EMPLOYMENT PREFERENCE ACT AND THE HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE ACT provide preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either employment preference, you must complete the Employment Preference insert.

1. Name \_\_\_\_\_  

*Last                      First                      MI*
2. Social Security Number \_\_\_\_\_
3. Address \_\_\_\_\_  

*Street*

  
\_\_\_\_\_  

*City                      State                      Zip Code*
4. Phone No. (    ) (    ) \_\_\_\_\_  

*Work                      Home*
5. Do you have a valid Driver's License?    ☐ YES                      ☐ NO

*My signature below certifies that all information on this and all attached pages is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from considerations for employment, or if hired, may be grounds for termination at a later date. **EMPLOYERS MAY BE CONTACTED AS REFERENCES.***

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

## 6. EDUCATION

A. High School Name: \_\_\_\_\_

B. Received:

☐ Diploma or Equivalency Certificate

☐ None - If "NONE", Highest Grade Completed \_\_\_\_\_

C.

Address of High School Awarding

Diploma or Equivalency Certificate: \_\_\_\_\_

D.	College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field

E.	Other Schools or Training Which Helps You Qualify Name, Location	Dates Attended	Did You Complete?	Title/Description of Course	Total Hours

## 7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address  
of Licensing Agency

Type of License

Endorsement/Restriction  
(if Applicable)

Date  
Licensed

## 8. SPECIAL SKILLS – Check the skills you possess. Specify speed/errors where requested.

☐ Typing \_\_\_\_/\_\_\_\_

☐ 10 Code

☐ Medical Terminology

☐ Accident Investigation

☐ Legal Terminology

☐ Photo Skills

☐ Computer Software \_\_\_\_\_

☐ Other (List in Section #11 of this form)

☐ Computer Languages (specify) \_\_\_\_\_

## 9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) Continue in Section #11 if more space is needed.

10. **EXPERIENCE:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? ☐ YES ☐ NO

Address  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_

Address  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_

## ADDITIONAL EMPLOYMENT EXPERIENCE

Address  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_

Address  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_

Address  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving: \_\_\_\_\_



- [illegible]

- [illegible]

## EMPLOYMENT PREFERENCE FORM

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied For \_\_\_\_\_  

Job Title
Position No.
Department Name

To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Handicapped Persons' Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim **Veterans' Employment Preference** you must be a U. S. Citizen and (check one of the boxes below):

☐ **A Veteran, if**

1. You have been separated under honorable conditions, AND
2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

☐ **A Disabled Veteran, if**

1. you have been separated under honorable conditions from active duty, AND
2. you have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.

☐ **The spouse of a disabled veteran if the veteran's disability prevents him/her from working.**

☐ **The unremarried surviving spouse of a veteran or disabled veteran.**

☐ **The mother of a veteran, if**

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, AND
2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Handicapped Persons' Employment Preference** you must be (check one of the boxes below):

☐ **A person with a disability certified by SRS, OR**

☐ **The spouse of a totally (100%) disabled person certified by SRS, AND  
Resided continuously in Montana for at least 1 year immediately before applying for employment.**

3. In the box below, check the attachment you have included to document the preference request.

☐ DD-214                      ☐ SRS Certification                      ☐ Other \_\_\_\_\_  
(Specify)

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_